**Making the case for integrated care approach between nurses and pharmacists**


Director of quality and nursing at South West Essex PCT, Barbara Stuttle, said: “The White Paper details the benefits and with it the tremendous opportunities by which nurses, pharmacists and GPs working much more closely together will further improve the care to patients.”

Nurse specialist prescribers already bring a wealth of experience to the care environment, particularly in the areas of service personalisation and effective care – key tenets outlined in Lord Darzi’s interim report of the wide-ranging NHS Next Stage Review.

Deputy nursing director at Imperial College Healthcare NHS Trust Kathryn Jones said: “We have over 50 independent and supplementary nurse prescribers which is quite unusual for an acute trust. This wide pool of resource has given patients faster access to care and more timely treatments.

“Hypertension clinics as well as renal, gynaecological and sexual health services are amongst those that have all benefited strongly from this enhanced care approach. The contribution that the nurses have made...”

Continued on page 2

**Update on innovative parent support programmes**

Nurses have a key role to play in two successful programmes that have been extended to support vulnerable parents across the country. The announcement of further investment and more schemes will build on the work being done to tackle social exclusion and health inequalities.

**The Family Nurse Partnership Programme**

A further 20 new sites will test the Family Nurse Partnership Programme, a model of intensive nurse-led home visiting for vulnerable first time young parents. Run jointly by the Department of Health (DH) and the Department for Children, Schools and Families (DCSF), the programme involves family nurses visiting young, disadvantaged parents from early pregnancy until the child is two years old. Nurses build close, supportive relationships with families and guide inexperienced teenagers towards adopting healthier lifestyles.

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The CNO Bulletin
The Chief Nursing Officer’s bulletin for all NHS nurses and midwives in England

May 2008

CNO Christine Beasley discusses the progress on the pre- and post-registration nurse training consultations whose results will be available in the summer.

At the recent CNO Spring Business meetings, directors of nursing were updated on the progress with Our NHS, our future, the NHS Next Stage Review, being led by Professor Lord Darzi. The review is looking at how the NHS can become fairer, more personalised, effective and safe for its patients and users. Much progress has been made on this already and there is a need to set out the immediate and longer-term priorities for the future in these areas.

Getting the quality of care consistently high for all patients and users of the NHS is important for us all. Nurses and midwives, in particular, deliver a great deal of the care that the NHS provides to people and therefore have a great influence over the quality of health care. Underpinning our ability to deliver quality is the way in which we are prepared for practice. The programmes of work we are leading on the future of nursing and midwifery careers will ensure that practitioners can have rewarding and fulfilling careers and are best-equipped to deliver high-quality health care.

The post-registration nursing careers consultation responses are being analysed by Leeds University’s Centre for Policy and Practice. The findings will be published in the summer, along with an interim report setting out the next steps for the work in modernising nursing careers.

Of course, public confidence in nursing will always be a key factor however we organise our careers. What patients want most of all is to be kept safe, cared for, respected and involved. These have always been the constants of nursing in the past (as shown in the NHS 60 interview this month) as well as for today and in the future. In order to best match the needs of patients, the consultation asked whether nursing careers should be organised around patient pathways and whether levels of practice should be made clearer at thresholds, from initial registration to advanced levels of practice.

I am pleased that we are working closely with the Nursing and Midwifery Council as they consider the findings from their review of pre-registration nursing education. Their report on their consultation will also be published in the summer. Together, both these pieces of work will allow us to build a strong framework for nursing careers so that patients and the public can be confident in the care that they receive.

Making the case for integrated care approach between nurses and pharmacists

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has enabled the services to expand and many of our nurses have reported an increased sense of job satisfaction, which is so important.”

Barbara added: “Nurse prescribing training is a two-way street: pharmacists impart their knowledge and expertise to nurses while nurses share their skills and patient consultation knowledge with pharmacists. And it’s the patients who benefit from access to these two groups of highly-trained professionals, enabling them to stay in control of their lives and live life to the full.”

Links and info
- Access the pharmacy White Paper
- Read more about nurse prescribing
- National Prescribing Centre website
A look back on the past 60 years of England’s health service

NHS 60 interview: Life before the NHS
Anna Delahunty’s nursing career spanned four decades, beginning before the creation of the NHS in 1948. After qualifying as both a nurse and midwife Anna went on to become a ‘Queen’s Nurse’, the name given to nurses who trained at the then named Queen’s Institute of District Nursing.

Tell us about your nurse training. It was tough. There were no nursing assistants in those days – we had to do everything. That included washing the beds, serving the meals and often going straight into class for lectures after a night shift. And in those days, you didn’t dare even look at the nursing sisters! I did four years training and that included part one of my midwifery training. I then went to Surrey to do part two. It was there that I heard about the Queen’s Nurses and decided to do the training, mainly because I enjoyed working in the community so much.

You were training as a Queen’s Nurse when the NHS was introduced. What did that mean for you, and for patients? Before the NHS was introduced we had to charge patients for everything. That included washing the beds, serving the meals and often going straight into class for lectures after a night shift. And in those days, you didn’t dare even look at the nursing sisters! I did four years training and that included part one of my midwifery training. I then went to Surrey to do part two. It was there that I heard about the Queen’s Nurses and decided to do the training, mainly because I enjoyed working in the community so much.

You also worked as a nurse in America during the 1950s didn’t you? Yes, I spent two years at the Mayo Clinic in Minnesota as part of an exchange programme. I worked in intensive care, and in a cardiac unit – it was very exciting seeing bypass surgery. We had to wear our Queen’s Nurse uniform, which included a medal, and the doctors would often chat to us and ask about the uniform.

What do you think of the NHS now? There has been fantastic progress in medicine and nursing. I saw cardiac bypass surgery in the 1950s and since then there has been terrific progress.

As a district nurse, I remember having to put cotton wool into tins in the oven in order to sterilise it. It was so much better when sterile disposable dressings came in during the 1960s. I also think bringing matrons back is a great idea.

What advice would you give to new nurses? You have to do it because you want to care for people – not just because it is a profession. I would thoroughly recommend nursing; I loved it.

Celebrate NHS 60
This year the NHS turns 60. Do you have an interesting tale to tell? Email nhs60@dh.gsi.gov.uk with stories from patients, staff, or members of the public from the past 60 years. For further information about local celebrations visit www.dh.gov.uk/en/News/NHS60
Update on innovative parent support programmes

Continued from page 1

improving their parenting skills, and becoming self-sufficient.

A further £30 million has been invested in the scheme, an initiative which forms a core part of the Child Health Promotion Programme (CHPP).

Launched in March, the updated CHPP is intended to provide services tailored to the individual needs of children and families, acting as a best practice guide for children’s services.

Family Intervention Projects
A successful parenting programme that includes tailored support for hard to reach families is being extended.

Family Intervention Projects (FIPs), a joint DH - DCSF initiative, are an integral part of the work on reducing inequalities. They provide support to disadvantaged families at different levels, including residential. They also encourage families to agree to a range of behavioural changes and engage in interventions. Accredited parenting programmes are delivered and services (such as health) are brought in and co-ordinated around the family.

The project has recently been expanded and will receive ongoing funding from the DCSF of £18 million from 2008 to 2011.

The original Dundee Families Project in Scotland, on which the FIPs are based, experienced an 85 percent success rate with the most difficult families involved. In areas where FIPs are operating, a Nominated Health Professional acts as a contact for project workers and signposts appropriate health services.

Practice based commissioning toolkit for nurses

“Practice based commissioning gives nurses an opportunity to get involved with the design of services and ensure they meet the ongoing needs of clients and their carers,” said Stephen Leyshon, chair of the London Network for Nursing’s Primary Care Group. This group has just developed a new toolkit for nurses on practice based commissioning.

Commissioning a patient led NHS – a toolkit for nurses offers practical advice to help practitioners gain a better understanding of the commissioning process and related Government policy.

Stephen explained: “Nurses have an important role as advocates, which extends beyond working with individuals, to being able to shape wider public policy. Health care is going through tremendous change at present, and although this can be unsettling, it provides a real opportunity for nurses and other professionals to work together and ensure care is fit for purpose. This can only happen, however, if nurses take an active role in commissioning and believe that positive change is possible.”
Increased support for those most at risk

People with mental illness who have a wide range of needs from a number of different healthcare services, or those who are most at risk, will receive a higher level of care co-ordination support.

The Care Programme Approach (CPA) was originally established in 1991 as a care assessment, planning and review system for people with severe mental illness, using specialist (secondary) mental health services. The system is designed to co-ordinate a range of services, including medication, therapy and housing.

Impact of mental health nursing review assessed

The first phase of a study to measure the impact of the Chief Nursing Officer’s review of mental health nursing is now complete.

The study, led by Patrick Callaghan, Professor of Mental Health Nursing at the University of Nottingham, is assessing progress towards – and impact of – the implementation of the review recommendations in mental health trusts (MHTs) and higher education institutions (HEIs) in England.

The first phase involved an electronic survey of all MHTs and HEIs. Results from the 64 percent of MHTs that responded showed the most implemented recommendations are:

- holistic assessments and effective risk management
- successful administration of multidisciplinary teams
- stronger relationships with service users and carers.

Results from the 80% of HEIs that responded revealed they are making the most progress in reviewing pre-registration programmes to meet the minimum competencies set out in Best practice competencies and capabilities for pre-registration mental health nurses.

The second phase of the study, which begins this month, will consist of intensive case studies with six MHTs and six HEIs at different stages in their implementation of the recommendations. The final phase will be a follow up survey of MHTs and HEIs that participated in phase one.

According to the survey, organisational engagement, harmonisation with other national policies and staff commitment are the main facilitators of progress; competing priorities, lack of funding, and lack of ownership among other professional groups are the main barriers.
**NEWS**

**NHS staff have their say**

More than 155,000 NHS staff have taken part in one of the world’s largest staff surveys. Employees from all 391 NHS trusts in England responded to a questionnaire asking for their views and experiences of working for the NHS.

Of all acute trust staff who responded to the survey:
- 82 percent believe that the trust does enough to promote the importance of hand washing to staff (relative increase of 17 percent since 2005)
- 71 percent believe that the trust does enough to promote the importance of hand washing to patients, service users and trust visitors (relative increase of 25 percent since 2005)
- 83 percent believe that infection control applies to them (relative increase of 12 percent since 2005).

As well as progress in infection control, staff reported improvements in many other aspects of working in the NHS including better support from managers and high levels of job satisfaction.

**National vascular screening programme**

Up to 9,500 heart attacks and strokes will be prevented and thousands of lives saved each year through a national vascular screening programme for people aged from 40 to 74, recently announced by Health Secretary Alan Johnson.

Nurse board member for the Primary Care Cardiovascular Society Jan Procter-King said: “Cardiovascular risk assessment establishes how likely someone is to go on and develop diseases such as heart attacks, kidney disease, diabetes and stroke. Changes in lifestyle and medication can reduce an individual’s risk and the population risk.

“The collection of information and the calculation of risk is a skill for nurses and healthcare assistants to learn and implement. Cardiovascular risk assessing is not new and has been taking place across the country in specific populations or as a result of a local initiative. The shift in emphasis to a national approach for adults between 40 and 74 years old offers an opportunity for the nursing profession to lead and support the implementation of a national health initiative, and I would recommend developing these skills to all those nurses in a position to take part.”

Vascular checks will be available in a variety of convenient places, such as GP surgeries, pharmacies or other community settings. The programme will be launched in 2009/10.
NEWS

Recognising and responding to acutely ill patients in hospital: new consultation

Nurses’ views are sought on a framework of skills and competencies required in recognising and responding to acutely ill patients in hospitals.

The consultation document, Competencies for Recognising and Responding to Acutely Ill Patients in Hospital, includes good practice guidance. Last July, the National Institute for Clinical Excellence (NICE) published related guidance, Acutely ill patients in hospital (Clinical Guideline 50), which included several recommendations. The consultation sets out a framework of skills and competencies needed to support these recommendations. Directors of nursing in particular will welcome the consultation. CNO Chris Beasley, in the consultation document foreword, writes: “There is a strong body of evidence showing that delays in recognising deterioration or inappropriate management can result in late treatment, avoidable admissions to intensive care and in some cases, unnecessary deaths. I therefore welcome this framework for competencies wholeheartedly. It provides a flexible and comprehensive tool that can be used in many ways to support safe high quality care in complex care environments.”

The consultation closes on 17 June and a summary of responses will be published alongside a final version of the framework.

Links and info
• Read more and access the consultation
• View the NICE guidance

NEWS IN BRIEF

More power to patients
Patients now have even greater control over where and when they get their treatment with the introduction of Free Choice last month. Any patient receiving routine elective treatment will now be able to choose from any NHS approved hospital provider in England.

Working for a healthier tomorrow
Nurses should recognise retention at or return to work as a key indicator of the successful treatment of working age people, according to an independent review of the health of Britain’s working age population by the National Director for Health and Work, Dame Carol Black.

Florence Nightingale Foundation scholarships
Nurses and midwives are encouraged to apply for The Florence Nightingale Foundation’s travel and research scholarships. Completed applications for the research scholarship must be sent in by 12 June, and for the travel scholarship, 21 August. The annual service held to commemorate Florence Nightingale, and as a celebration of nursing, will take place at Westminster Abbey on 14 May.

Integrated national improvement programme launched
A new programme to bring together knowledge, experience and practical know how to the NHS was launched last month. NHS Improvement, which will draw in existing NHS national improvement programmes, will work closely with the national cancer programme, the Department of Health’s cardiovascular programme, and the 18 week programme.

At-a-glance
• consultation focusing on the needs of acutely ill patients
• supports related NICE guidance published last July
• consultation closes 17 June.

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**REGULAR**

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**p8** Latest publications

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**NEWS IN BRIEF**

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Pay deal sees nurses better off

Agenda for Change staff should be aware of the recent progress on the three-year pay deal arrangements. Key points include:

- a headline pay rise of 2.75 percent in the first year. The minimum starting salary for nurses, midwives and other professional staff would be more than £20,000 for the first time
- newly-qualified clinicians will receive 20 percent over the 3 years; some qualified clinicians in Band 5 will receive a 21 percent increase over the course of the deal
- experienced clinicians in Band 6 will receive between a 19 percent and 21 percent increase over the three years.

**Read more**

Health inequalities report

Life expectancy in the most deprived areas has increased by two and a half years for men and one and a half years for women over the past 10 years, according to the latest status report on health inequalities. The report is the third and final against the national health inequalities strategy, Tackling Inequalities: A Programme for Action.

**Read the report**

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**LATEST PUBLICATIONS**

**From strength to strength**

The Mental Health Act Commission has published a new report, *From Strength to Strength*. It sets out how the Commission has involved users of mental health services who are, or who have recently been, detained under the Mental Health Act.

**View website**

**Death by indifference – national conference**

9 September, Telford, Shropshire.

The conference follows the 2007 Mencap *Death by indifference* report into the deaths of six individuals in hospitals. This prompted an independent inquiry requested by the Health Secretary.

**Call 01743 261 181 for further information or email rick.robson@sssft.nhs.uk**

**DIARY**

**Working in Partnership Programme (WPP)**

20 June, London.

Practice nurse professional leads are invited to the launch of the ‘National Network of General Practice Nurse’.

**View website**

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**WEB LINKS**

You can access the bulletin online at [www.dh.gov.uk/cnobulletin](http://www.dh.gov.uk/cnobulletin). The electronic version lets you click on web links for direct access to more detail about each of the articles.

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**Read the report**

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**NHS CONNECTING FOR HEALTH – ANNUAL NURSING CONFERENCE**

17 June, London.

Find out more about NHS Summary Care Records and have your questions about the National Programme for IT answered.

**Email nhsfcf.events@nhs.net**

**CNO AUTUMN BUSINESS MEETINGS**

8 September, London.

10 September, Leeds.

CNO 2008 Summit

5 – 7 November, Bristol.

Directors of nursing will receive an invitation and further details on both CNO events nearer the time.